DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Title 10510

State File No.

Registration District No. 124 Primary Registration District No. 3009 Registrar's No. 114

1. PLACE OF DEATH:

(a) County Cape Girardeau County

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 wks (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

(c) City or town Farrenburgh, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 2½ mi N. East La Forge
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Walter Moss - 7[illegible]

3. (b) If veteran, name war No -

3. (c) Social Security No.

4. Sex M. 5. Color or race W. 6. (a) Single, ~~widowed~~, married, divorced Married

6. (b) Name of husband or wife Nora Moss 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July (Month) 22 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
57.	~~7~~	24	hr. min.

9. Birthplace Farrenburgh, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name John Moss
13. Birthplace Cincinnati Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Moss
15. Birthplace South Berd - 2nd. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Nora Moss
(b) Address Farrenburgh Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18, 40 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Farrenburgh, Mo.

18. (a) Signature of funeral director Alden Ellis

(b) Address Sikeston Mo.

19. (a) 3-16-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1940 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 3/14 to 3/16, 1940; that I last saw him alive on 3/16, 1940; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Brain Tumor (Carcinoma).

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Brain Tumor

Of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. F. Sweatt (M. D. or other)

Address Cape Girardeau Date signed 3/16/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ 3/19/4

....., Registered Apprentice No.....

working under my personal supervision.

Signed Alden Ellen

Licensed Embalmer No. 3869

P. O. Address Gilbertson, Ok

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.